**Attachment 2**

**Application Checklist**

**Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Reissue**

**RFA #24-0003**

**Submission Requirements Checklist**

**Applicants must submit one PDF version of the entire application (including Application Cover page, Application Checklist, Narrative and all Attachments) to** [**AIGPU@health.ny.gov**](mailto:AIGPU@health.ny.gov) **by the date and time specified on the cover page of the Request for Applications. The subject of the email line should reference “Advancing Health Equity - Reissue *RFA”*.**

Please be sure that your application adheres to the following submission requirements and indicate compliance with these requirements by placing a check in the applicable box below.

**FORMAT**

The portion of the application to which page limits apply does not exceed **10 double-spaced pages;**

The application is **double-spaced;**

The application uses a **12-pitch font**;

The application has **one-inch margins** on all sides; and

All pages are **numbered consecutively, including attachments**.

**BUDGET**

Budget does not exceed the maximum budget amount.

An indirect cost rate of up to 10% of total modified direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.

All budgeted items include a justification.

**Please attach and label all attachments for your application in the following order when submitting and note inclusion of applicable elements by placing a check mark in the adjacent box.**

Application Cover Page (Attachment 1)

Application Checklist (Attachment 2)

Article 28 Operating Certificate (Attachment 4)

Electronic Health Records (EHR) Assessment (Attachment 5)

Statement of Assurances (Attachment 6)

Proposed Site Location, Days and Hours of Operations Chart (Attachment 12)

Service Delivery Experience Table (Attachment 13)

Program Implementation Timeline (Attachment 14)

Accessibility, Referral, Navigation, and Services Continuum Assessment (Attachment 15)

Agency Capacity and Staffing Information (Attachment 16)

Agency Organizational Chart (Attachment 17)

Budget Forms (Attachment 18)

Statement of Activities for the past three (3) years (Attachment 20)

Yearly Independent Audit (Attachment 21)

Agency Time and Effort Policy (Attachment 22)

Funding History for HIV Services (Attachment 23)